



wisconsin department of
children & families

1555 North Rivercenter Dr., Suite 220

Milwaukee, WI 53212

Governor Scott Walker
Secretary Eloise Anderson

Division of Safety and Permanence

Bureau of Milwaukee Child Welfare

**Milwaukee Child Welfare Partnership Council
Health and Education Committee Meeting
Wednesday, May 30, 2012
12:00 – 2:00
6111 N. Teutonia Avenue**

Arlene Happach, BMCW
Linda Davis, Chair
Fred Bove, DCF
Faith Russell, DHS
Bruce Kamradt, Wraparound
Michelle Urban, BMCW
Kathy Elertson, BMCW
Dena Radtke, Milwaukee Public Schools
Lucille Rosenberg, Community Volunteer
Mary Sowinski, CCC
Gabe McGaughey, IFS
Tim Grove, IFS
Francine Feinberg, META House
Lisa Zetley, Downtown Health Center
Mark Lyday, Children's Hospital
John Grace, Volunteer Child Advocate
Linda Hall, Wisconsin Association of Families and Children's Agencies
Deb Walton, VNA
Beth Wroblewski, DHS
Angie Dombrowicki, DHS
Makalah Wagner, DHS
Chris Holmes, Penfield Children's Center

Foster Care Medical Home

- The Foster Care Medical Home (FCMH) initiative overview draft was presented. Draft materials were distributed and discussed.
- Currently children who are in foster care are in Medicaid Fee-for-Service. The FCMH initiative's goal is to move the authorization of services as close to the child as possible rather than moving the child. We will be using a provider certification process in order to succeed.
- This initiative needs to coordinate with the child welfare program as well as mental health services, waiver services, Birth to Three, and other services within the system. This is a collaborative between the Department of Health Services (DHS) and the Department of Children and Families (DCF).

T 414.220.7000 F 414.220.7062 dcf.wi.gov

- The hope is for the child to remain with the service network for 12 months after they return home.
- The intent is to enroll all children in the foster care system beginning with Milwaukee and six adjoining counties in the southeastern portion of the State.
- An overview of the draft FCMH Provider Certification process and criteria was presented. Draft materials were distributed and discussed.
- Providers will include pediatric specialists, family practitioners, behavioral health specialists, child psychiatrists, mental health providers, dental providers, mental health mobile crisis intervention, hospitals and urgent care clinics or providers.
- The MH provider will receive a fixed rate, per member, per month, rates are to be determined.
- It was noted that the “medical home” is not a specific location, it is an initiative, and there is a concern that the community may not be able to differentiate. A new initiative name is being discussed. If anyone has any suggestions they should e-mail Faith Russell, Faith.Russell@wisconsin.gov.
- Question was raised about the content of the 48-hour assessment and the 30-day health examinations and acceptable providers. Details will be defined in the FCMH initiative.
- The issue was raised that there isn’t a trauma-informed-care certification available. There was a concern noted that we might not be able to measure a providers level of services and ensure our children receive the correct care.
- Suggestions were made to specifically include infant mental health, substance exposed infants, treatment of infants and young children in their home settings, utilization of a medical center as opposed to a specific provider, and vice versa, and reproductive health services.
- It was noted that in the State plan we will have to meet all of the Federal requirements for family planning and reproductive health.
- Suggestion was made to have a way to report to the community the outcomes of the initiative.
- An overview of the draft FCMH Quality Indicators and Monitoring was presented. Draft materials were distributed and discussed.
- There will be a federally qualified External Quality Review Organization (EQRO) in place.
- Question was raised if there will be outcome indicators as well. Suggestion was made that the goal should be healthy children, shorter lengths of stay without re-entry, and permanence. It was noted that this initiative is about the children, not services for the parents.
- Input from local “experts” is welcome.
- Suggestion was made to ensure detailed communication about mental health care. This is in process.
- The Judicial system has been briefed on the FCMH proposal. The overall feeling is positive. Concern is that we may need help with the consent portion of the process.
- An overview of the FCMH Child Welfare Roles was presented. Draft materials were distributed and discussed.
- The Child Welfare worker will continue to be the primary “gate” for mental health services.
- Question was raised as to whether there will or can be an integrated medical record and what will be involved. This is in discussion but will be further down the line.
- Question was raised as to what information will go home with the child once they achieve permanency. This would be part of the health transition plan.
- Request was made to include “medications at the time of entry” to the Child Welfare document.
- Suggestion was made to add information on engagement, satisfaction, and treatment plans.

- Discussion was had around the all-inclusive rates and the flexibility of the MH model.
- It will be several months before approval will be given. The goal is to start in the Fall.